_									1 09/75/630						
	PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number						
L		DRD		Ć	99	75	-16	30							
		SMALI				ENT	TTY .		OTHE	R THAN					
Γ	TOTAL CLAIM		(Column 1) (Column 2)			1	TYPE]	OR SMALL ENTITY					
l	FOR		NUMBER FILED		NUMBER EXTRA		RATE BASIC FEE		FEE 355.00	-	RATE	FEE			
ľ	TOTAL CHARG	00	20 minus 20=		•				333.00	OR	BASIC FE	710.00			
F	NDEPENDENT	3 minus 3 =		•		ŀ	X\$ 9=			OR					
Ī	AULTIPLE DEPI	ENDENT CLAIM I				——————————————————————————————————————		X40=	+		OR	X80=			
	If the difference	e in column 1 is	lass than	zem enter	"O" in			+135=			OR	+270=			
	f the difference in column 1 is less than zero, enter "0" in column CLAIMS AS AMENDED - PART II							TOTAL	· L		OR	TOTAL	710		
_	(2.74.25	(Column 1) (Column 2) (Column 3								TITY	OR	OTHER			
FNT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	BER	PRESENT EXTRA		RATE	TI	DDI- ONAL FEE		RATE	ADDI- TIONAL		
AMENDMENT	Total	.20	Minus	· 4	0	- 3		X\$ 9=	T		OR	X\$18=	FEE		
AME	Independent	FATATION OF M	Minus .	(3	-0	ı	X40=	T		OR	X80=			
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Ī	+135=	T		OR	+270=			
K	CRA	CR filed 5/20/05-					L_	YOTA			NP	TOTAL	-		
_	(Column 1) (Column 2) (Column 3											VOOIT. FEE			
MENT B	6	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	LER USLY	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE		
AMENDIA	Total	. 20	Minus	-20)	= /		X\$ 9=			OR	X\$18≈	/		
¥	Independent FIRST PRESE	NTATION OF MI	Minus	PENDENT	CI AINA	=/	Г	X40=	7		OR	X80=	/.		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+270=			
		60 at		á.			ADI	TOTAL DIT. FEE			OR A	TOTAL DDIT. FEE			
U		(Column 1) CLAIMS		(Colum	ST	(Column 3)	_		(_				
AMENDMENT C		remaining After Amendment		PREVIOL PAID FO	ISLY	PRESENT EXTRA	F	RATE	TIO	DI- NAL E	1	RATE	ADDI- TIONAL FEE		
	Total	•	Minus	••	1	=	X	(\$ 9=		\Box	DR	X\$18=	1		
A	Independent FIRST PRESE	NTATION OF MU	Minus "	SENDENT C		-	X	(40=		7)R	X80=			
							+1	135=		\neg		+270=			
of the entry in column 1 is tess than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 3, enter "3." ADDIT. FEE OF											<u>``</u> L	TOTAL			
•	n A COL INTERPRETATION	moer Previously Paid ber Previously Paid	O FOR IN THE	5 50ACE is 1.		2 actor to a			ropria	_	ALL	DIT. FEE L			